# 109000001882

(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** NWF BORICUAS AUSENTES, TAC X119000001882 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed)

### **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# **Articles of Amendment**

to

Articles of Incorporation of

NWF RORICU	AS AUSENTES INC
	rently filed with the Florida Dept, of State)
ND900	10001882
	mber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statement(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration;
N ~	- A The new
name must be distinguishable and contain the word "corpo	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	. /
	N/A
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u> </u>
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered of new registered agent and/or the new registered office  Name of New Registered Agent:	e address:
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
	Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<del> </del>		
Add Remove			
2) Change			
Add			
3) Change	<del></del>		
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6)Change	***		
Add Remove			

E.	If amending or adding additional Arti	cles, enter change(s) here:
	(attach additional sheets if necessary)	(Re specific)

ARTICLE III: Shall hereafter be Amended to	0=11
The married and are the Amended 10	Lin
The specific purpose FOR which this CORPORA IS DRYANZED IS TO ARRANGE AN ANNUAL PESTIVAL A COMMUNITY EVENTS CELEBRATING HISPANIC FOODS, M AND CULTURE IN DROVER TO RAISE FUNDS FOR AMIL	NUN
13 DRYANZEA 13 18 ARRANGE AN ANNUAL PESTIVAL	and.
COMMUNITY EVENTS CELEBRATING HISPANIC FOODS, M	USIC
AND CULTURE IN ORDER TO RAISE FUNDS FOR AMILI	105
EMERALD COAST OR SOME OTHER LIKE CHARIT	ABLE
ORGANIZATION DENETITING AT-RISK YOUNG PEOP	$LE_{III}$
provided that it is Also AN EXEMPT ORGANI	2A710N
EMERALD COAST OR SOME of LIKE CHARIST ORGANIZATION BENEFITING AT-RISK YOUNG PEOP PROVIDED THAT IT IS ALSO AN EXEMPT ORGANIUNDER TECTION 501 c (3) OF the IRE.	

	date of each amendment(s) adoption: FEBRUARY 22, 2017 if other than the this document was signed.
Effec	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
Adop	ption of Amendment(s) (CHECK ONE)
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated FEBRUARY 22, 2017
	Signature Son & Herran
	(By the chairman of vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Jose' L. GARCÍA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)